

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MINNESOTA

Case number (if known)

Chapter 11

Check if this an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>CAPTAIN TRANSPORT &amp; RECOVERY, INC.</u>		
2. All other names debtor used in the last 8 years	Include any assumed names, trade names and <i>doing business as</i> names		
3. Debtor's federal Employer Identification Number (EIN)	<u>03-0596627</u>		
4. Debtor's address	Principal place of business  <u>1800 HWY 13 W</u> <u>Burnsville, MN 55337</u> Number, Street, City, State & ZIP Code	Mailing address, if different from principal place of business  P.O. Box, Number, Street, City, State & ZIP Code	Location of principal assets, if different from principal place of business  Number, Street, City, State & ZIP Code
5. Debtor's website (URL)			
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

**7. Describe debtor's business**

A. Check one:

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Railroad (as defined in 11 U.S.C. § 101(44))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 Clearing Bank (as defined in 11 U.S.C. § 781(3))  
 None of the above

B. Check all that apply

Tax-exempt entity (as described in 26 U.S.C. §501)  
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.**4884****8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

Chapter 7  
 Chapter 9  
 Chapter 11. Check all that apply:

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).  
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
 A plan is being filed with this petition.  
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.  
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?** No. Yes.

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?** No Yes.

List all cases. If more than 1, attach a separate list

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

**11. Why is the case filed in this district?** Check all that apply:

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?** No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention? (Check all that apply.)**

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

 Other \_\_\_\_\_**Where is the property?**

Number, Street, City, State &amp; ZIP Code \_\_\_\_\_

**Is the property insured?** No Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds**

Check one:

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors** 1-49 1,000-5,000 25,001-50,000 50-99 5001-10,000 50,001-100,000 100-199 10,001-25,000 More than 100,000 200-999**15. Estimated Assets** \$0 - \$50,000 \$1,000,001 - \$10 million \$500,000,001 - \$1 billion \$50,001 - \$100,000 \$10,000,001 - \$50 million \$1,000,000,001 - \$10 billion \$100,001 - \$500,000 \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion \$500,001 - \$1 million \$100,000,001 - \$500 million More than \$50 billion**16. Estimated liabilities** \$0 - \$50,000 \$1,000,001 - \$10 million \$500,000,001 - \$1 billion \$50,001 - \$100,000 \$10,000,001 - \$50 million \$1,000,000,001 - \$10 billion \$100,001 - \$500,000 \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion \$500,001 - \$1 million \$100,000,001 - \$500 million More than \$50 billion

CAPTAIN TRANSPORT & RECOVERY, INC.

Name

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 9, 2017

MM / DD / YYYY

**X /s/ KAYIHAN SERAN**

Signature of authorized representative of debtor

**KAYIHAN SERAN**

Printed name

Title PRESIDENT AND CEO

**18. Signature of attorney**

**X /s/ JOHN D. LAMEY III**

Signature of attorney for debtor

Date October 9, 2017

MM / DD / YYYY

**JOHN D. LAMEY III**

Printed name

**LAMEY LAW FIRM, P.A.**

Firm name

**980 INWOOD AVE N**

**OAKDALE, MN 55128-7094**

Number, Street, City, State & ZIP Code

Contact phone 651.209.3550

Email address JLAMEY@LAMEYLAW.COM

**0312009**

Bar number and State

Fill in this information to identify the case:

Debtor name CAPTAIN TRANSPORT & RECOVERY, INC.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 9, 2017

X /s/ KAYIHAN SERAN

Signature of individual signing on behalf of debtor

KAYIHAN SERAN

Printed name

PRESIDENT AND CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **CAPTAIN TRANSPORT & RECOVERY, INC.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known): \_\_\_\_\_

Check if this is an  
amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ALERUS FINANCIAL PO BOX 64535 Saint Paul, MN 55164		UNSECURED (ESTIMATED)				\$20,000.00
BARCLAYS BANK DELAWARE PO BOX 8801 Wilmington, DE 19899-8801		UNSECURED				\$7,141.00
BRAVO FINANCIAL LLC DBA PAWN WORKS 1301 RIVERWOOD DR Burnsville, MN 55337		UNSECURED (UNPERFECTED LIEN)				\$15,000.00
CAPITAL ONE BANKRUPTCY DEPARTMENT PO BOX 30275 Salt Lake City, UT 84130-0275		UNSECURED				\$939.00
CHASE PO BOX 15298 Wilmington, DE 19850		UNSECURED				\$4,872.00
CITI CARDS PO BOX 6286 Sioux Falls, SD 57117		UNSECURED				\$1,780.00
COMENITY BANK BANKRUPTCY DEPARTMENT PO BOX 182125 Columbus, OH 43218-2125		UNSECURED				\$9,000.00

Debtor **CAPTAIN TRANSPORT & RECOVERY, INC.**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
DELL BUSINESS CREDIT PO BOX 81577 Austin, TX 78708-1577		COMPUTERS AND MONITORS		\$5,000.00	\$2,500.00	\$2,500.00
ENERGY SOLUTIONS PARTNERS LLC PO BOX 612 Tomah, WI 54660		UNSECURED				\$52,350.00
FORWARD FINANCING 36 BROMFIELD ST 2ND FLOOR Boston, MA 02108		UNSECURED				\$7,783.00
FOX CAPITAL GROUP 140 BROADWAY 46TH FLOOR New York, NY 10005		90 days or less: ACCOUNTS RECEIVABLE		\$32,000.00	\$10,000.00	\$32,000.00
INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY OFFICE PO BOX 7346 Philadelphia, PA 19101-7346		PRIORITY TAXES				\$75,070.00
ITRIA VENTURES LLC 462 SEVENTH AVE, 20TH FLOOR New York, NY 10018		90 days or less: ACCOUNTS RECEIVABLE		\$40,000.00	\$10,000.00	\$30,000.00
MINNESOTA DEPT OF REV 551 BANKRUPTCY SECTION 600 N ROBERT ST PO BOX 64447 Saint Paul, MN 55101		PRIORITY TAXES				\$82,500.00
SFM PO BOX 583178 Minneapolis, MN 55458-3178		UNSECURED (WORK COMP AUDIT)				\$21,507.00
SYNCHRONY BANK 170 W ELECTION RD STE 125 Draper, UT 84020		UNSECURED				\$9,000.00

Debtor Name	<b>CAPTAIN TRANSPORT &amp; RECOVERY, INC.</b>			Case number (if known)		
Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured      Deduction for value of collateral or setoff      Unsecured claim		
<b>WELLS FARGO BANK BUSINESS DIRECT DIVISION PO BOX 29482 Phoenix, AZ 85038-9482</b>		<b>2001 INTERNATIONAL 4700 MD VULCAN 897 16 TON WRECKER</b>		<b>\$25,000.00</b> <b>\$22,000.00</b> <b>\$3,000.00</b>		
<b>WELLS FARGO EQUIPMENT FINANCE INC. MAC N9300-100, 600 SOUTH 4TH STREET Minneapolis, MN 55415</b>		<b>2015 CHEVROLET K30 4X4 CC CENTURY 301 TL WRECKER</b>		<b>\$67,807.96</b> <b>\$60,000.00</b> <b>\$7,807.96</b>		
<b>WELLS FARGO EQUIPMENT FINANCE INC. MAC N9300-100, 600 SOUTH 4TH STREET Minneapolis, MN 55415</b>		<b>2008 FORD FLATBED TRUCK VIN: 1FDF56R68EA19824</b>		<b>\$27,106.04</b> <b>\$20,000.00</b> <b>\$7,106.04</b>		
<b>WEX BANK PO BOX 639 Portland, ME 04104</b>		<b>UNSECURED</b>				<b>\$11,006.24</b>

Fill in this information to identify the case:

Debtor name **CAPTAIN TRANSPORT & RECOVERY, INC.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

**12/15**

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

**1a. Real property:**

Copy line 88 from *Schedule A/B*..... \$ **1,200,000.00**

**1b. Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **330,301.00**

**1c. Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **1,530,301.00**

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **1,563,811.00**

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **157,570.00**

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **161,141.24**

**4. Total liabilities** .....

Lines 2 + 3a + 3b

\$ **1,882,522.24**

Fill in this information to identify the case:

Debtor name **CAPTAIN TRANSPORT & RECOVERY, INC.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

**Current value of debtor's interest**

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

3.1. **US BANK**

**CHECKING ACCOUNT**

**\$16,000.00**

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$16,000.00**

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:

**10,000.00**

-

**0.00**

= ....

**\$10,000.00**

face amount

doubtful or uncollectible accounts

Debtor CAPTAIN TRANSPORT & RECOVERY, INC. Case number (*If known*) \_\_\_\_\_  
 Name \_\_\_\_\_

11a. 90 days old or less:	<u>800.00</u>	-	<u>0.00</u>	= ....	<u>\$800.00</u>
	face amount		doubtful or uncollectible accounts		

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12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$10,800.00

**Part 4: Investments**

13. Does the debtor own any investments?

- No. Go to Part 5.
- Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
- Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
- Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
- Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1. 2011 HINO FLATBEED TRUCK VIN: 5PVNJ8JN7B4S50584	\$45,000.00	Comparable sale	\$45,000.00
47.2. 2008 FORD FLATBED TRUCK VIN: 1FDF56R68EA19824	\$20,000.00	Comparable sale	\$20,000.00
47.3. 2012 DODGE RAM 5500 VIN: 3C7WDM5L5CG229254	\$45,000.00		\$45,000.00

Debtor CAPTAIN TRANSPORT & RECOVERY, INC. Case number (*If known*) \_\_\_\_\_  
Name \_\_\_\_\_

47.4. <b>2016 DODGE 5500 TRUCK VIN: 3C7WRMDL3GG325536</b>	<b>\$65,000.00</b>	<b>Comparable sale</b>	<b>\$65,000.00</b>
47.5. <b>2001 INTERNATIONAL 4700 MD VULCAN 897 16 TON WRECKER</b>	<b>\$25,000.00</b>	<b>Comparable sale</b>	<b>\$22,000.00</b>
47.6. <b>2015 CHEVROLET K30 4X4 CC CENTURY 301 TL WRECKER</b>	<b>\$86,000.00</b>	<b>Comparable sale</b>	<b>\$60,000.00</b>
47.7. <b>2008 CHEVROLET 4X4 CC CENTURY 301 TL WRECKER</b>	<b>\$15,000.00</b>	<b>Comparable sale</b>	<b>\$15,000.00</b>
47.8. <b>2008 KW T300 FLATBED CENTURY 21 ROLLBACK</b>	<b>\$25,000.00</b>	<b>Comparable sale</b>	<b>\$25,000.00</b>
48. <b>Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. <b>Aircraft and accessories</b>			
50. <b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
<b>VARIOUS HAND TOOLS AND EQUIPMENT</b>	<b>\$4,000.00</b>	<b>Comparable sale</b>	<b>\$3,000.00</b>
<b>OFFICE FURNITURE AND FURNISHINGS</b>	<b>\$3,000.00</b>	<b>Comparable sale</b>	<b>\$1,000.00</b>
<b>COMPUTERS AND MONITORS</b>	<b>\$5,000.00</b>	<b>Comparable sale</b>	<b>\$2,500.00</b>
<b>LEASED OIL TANK (TO SURRENDER)</b>	<b>\$1.00</b>		<b>\$1.00</b>

51. <b>Total of Part 8.</b>	<b>\$303,501.00</b>
Add lines 47 through 50. Copy the total to line 87.	
52. <b>Is a depreciation schedule available for any of the property listed in Part 8?</b>	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes	
53. <b>Has any of the property listed in Part 8 been appraised by a professional within the last year?</b>	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes	

**Part 9: Real property**

54. Does the debtor own or lease any real property?

No. Go to Part 10.  
 Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Debtor Name	<b>CAPTAIN TRANSPORT &amp; RECOVERY, INC.</b>		Case number ( <i>If known</i> )	
Description and location of property <small>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.)</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>55.1. REAL PROPERTY LOCATED AT 1800 HIGHWAY 13 W, BURNSVILLE, MN AND LEGALLY DESCRIBED AS: LOT 1, BLOCK 1, ADELMANN FIRST ADDITION, DAKOTA COUNTY, MINNESOTA</b>	<b>FEE SIMPLE</b>	<b>\$1,200,000.00</b>	<b>Comparable sale</b>	<b>\$1,200,000.00</b>

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56. **Total of Part 9.** **\$1,200,000.00**  
 Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
 Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**  
 No  
 Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**  
 No  
 Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.  
 Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?  
 Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.  
 Yes Fill in the information below.

Debtor CAPTAIN TRANSPORT & RECOVERY, INC. \_\_\_\_\_ Case number (*If known*) \_\_\_\_\_  
Name \_\_\_\_\_

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$16,000.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$10,800.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$303,501.00	
88. Real property. <i>Copy line 56, Part 9.....&gt;</i>		\$1,200,000.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$330,301.00	+ 91b. \$1,200,000.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$1,530,301.00

Fill in this information to identify the case:

Debtor name **CAPTAIN TRANSPORT & RECOVERY, INC.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	

**2.1 ADELMAN PROPERTIES 2 LLC**

Creditor's Name

**8640 HARRIET AVE S  
BLOOMINGTON, MN 55420**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

**1. WELLS FARGO BANK  
2. ADELMAN PROPERTIES  
2 LLC  
3. DAKOTA COUNTY  
FINANCIAL SERVICES**

Describe debtor's property that is subject to a lien

**REAL PROPERTY LOCATED AT 1800  
HIGHWAY 13 W, BURNSVILLE, MN AND  
LEGALLY DESCRIBED AS: LOT 1, BLOCK 1,  
ADELMANN FIRST ADDITION, DAKOTA  
COUNTY, MINNESOTA**

**\$180,000.00**

**\$1,200,000.00**

Describe the lien

**2ND MORTGAGE**

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

**2.2 DAKOTA COUNTY  
FINANCIAL SERVICES**

Creditor's Name

**1590 WEST HIGHWAY 55  
Hastings, MN 55033-2372**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**REAL PROPERTY LOCATED AT 1800  
HIGHWAY 13 W, BURNSVILLE, MN AND  
LEGALLY DESCRIBED AS: LOT 1, BLOCK 1,  
ADELMANN FIRST ADDITION, DAKOTA  
COUNTY, MINNESOTA**

**\$31,000.00**

**\$1,200,000.00**

Describe the lien

**PROPERTY TAXES**

Is the creditor an insider or related party?

No

<p><b>Debtor</b></p> <p><b>CAPTAIN TRANSPORT &amp; RECOVERY, INC.</b></p> <p>Name _____</p>	<p>Case number (if known) _____</p>		
<p>Creditor's email address, if known _____</p>			
<p><b>Date debt was incurred</b></p>			
<p><b>Last 4 digits of account number</b></p>			
<p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>			
<p><b>Specified on line 2.1</b></p>			
<hr/>			
<p><b>2.3 DELL BUSINESS CREDIT</b></p> <p>Creditor's Name _____</p> <p><b>PO BOX 81577</b> <b>Austin, TX 78708-1577</b></p> <p>Creditor's mailing address _____</p>	<p>Describe debtor's property that is subject to a lien _____</p> <p><b>COMPUTERS AND MONITORS</b></p> <p>_____</p>	<b>\$5,000.00</b>	<b>\$2,500.00</b>
<p>Creditor's email address, if known _____</p>			
<p><b>Date debt was incurred</b></p>			
<p><b>Last 4 digits of account number</b></p>			
<p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>			
<p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>			
<p><b>Specified on line 2.1</b></p>			
<hr/>			
<p><b>2.4 ENERGY SOLUTIONS PARTNERS LLC</b></p> <p>Creditor's Name _____</p> <p><b>PO BOX 612</b> <b>Tomah, WI 54660</b></p> <p>Creditor's mailing address _____</p>	<p>Describe debtor's property that is subject to a lien _____</p> <p><b>LEASED OIL TANK (TO SURRENDER)</b></p> <p>_____</p>	<b>\$1.00</b>	<b>\$1.00</b>
<p>Creditor's email address, if known _____</p>			
<p><b>Date debt was incurred</b></p>			
<p><b>Last 4 digits of account number</b></p>			
<p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>			
<p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>			
<p><b>Specified on line 2.1</b></p>			
<hr/>			
<p><b>2.5 FOX CAPITAL GROUP</b></p>	<p>Describe debtor's property that is subject to a lien _____</p>	<b>\$32,000.00</b>	<b>\$10,000.00</b>

Debtor

**CAPTAIN TRANSPORT & RECOVERY, INC.**

Case number (if known)

Name

Creditor's Name  
**140 BROADWAY 46TH FLOOR New York, NY 10005**

Creditor's mailing address

**90 days or less: ACCOUNTS RECEIVABLE**

Describe the lien

**UCC-1**

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

**1. ITRIA VENTURES LLC**

**2. FOX CAPITAL GROUP**

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

**2.6 ITRIA VENTURES LLC**

Creditor's Name

**462 SEVENTH AVE, 20TH FLOOR New York, NY 10018**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**90 days or less: ACCOUNTS RECEIVABLE**

**\$40,000.00**

**\$10,000.00**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

**Specified on line 2.5**

Describe the lien

**UCC-1**

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

**2.7 WELLS FARGO BANK**

Creditor's Name

**BUSINESS DIRECT DIVISION PO BOX 29482 Phoenix, AZ 85038-9482**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**REAL PROPERTY LOCATED AT 1800 HIGHWAY 13 W, BURNSVILLE, MN AND LEGALLY DESCRIBED AS: LOT 1, BLOCK 1, ADELmann FIRST ADDITION, DAKOTA COUNTY, MINNESOTA**

**\$980,000.00**

**\$1,200,000.00**

Creditor's email address, if known

Date debt was incurred

Describe the lien

**1ST MORTGAGE**

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **CAPTAIN TRANSPORT & RECOVERY, INC.**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

**Specified on line 2.1**

As of the petition filing date, the claim is:

Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

**2.8 WELLS FARGO BANK**

Creditor's Name

**BUSINESS DIRECT  
DIVISION  
PO BOX 29482  
Phoenix, AZ 85038-9482**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**2001 INTERNATIONAL 4700 MD VULCAN 897  
16 TON WRECKER**

**\$25,000.00**

**\$22,000.00**

Describe the lien

**TITLE LIEN**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

**2.9 WELLS FARGO BANK**

Creditor's Name

**BUSINESS DIRECT  
DIVISION  
PO BOX 29482  
Phoenix, AZ 85038-9482**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**2008 CHEVROLET 4X4 CC CENTURY 301 TL  
WRECKER**

**\$15,000.00**

**\$15,000.00**

Describe the lien

**TITLE LIEN**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

**2.1  
0**

**WELLS FARGO BANK**

Describe debtor's property that is subject to a lien

**\$25,000.00**

**\$25,000.00**

Debtor

**CAPTAIN TRANSPORT & RECOVERY, INC.**

Case number (if known)

Creditor's Name

**BUSINESS DIRECT  
DIVISION  
PO BOX 29482  
Phoenix, AZ 85038-9482**

Creditor's mailing address

**2008 KW T300 FLATBED CENTURY 21  
ROLLBACK**

**Describe the lien**

**Is the creditor an insider or related party?**

No  
 Yes

**Is anyone else liable on this claim?**

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

**Do multiple creditors have an interest in the same property?**

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.1  
1

**WELLS FARGO  
EQUIPMENT FINANCE INC.**

Creditor's Name

**MAC N9300-100, 600  
SOUTH 4TH STREET  
Minneapolis, MN 55415**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**2008 FORD FLATBED TRUCK  
VIN: 1FDF56R68EA19824**

**\$27,106.04**

**\$20,000.00**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an interest in the same property?**

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.1  
2

**WELLS FARGO  
EQUIPMENT FINANCE INC.**

Creditor's Name

**MAC N9300-100, 600  
SOUTH 4TH STREET  
Minneapolis, MN 55415**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**2015 CHEVROLET K30 4X4 CC CENTURY 301  
TL WRECKER**

**\$67,807.96**

**\$60,000.00**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Describe the lien**

**TITLE LIEN**

**Is the creditor an insider or related party?**

No  
 Yes

**Is anyone else liable on this claim?**

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **CAPTAIN TRANSPORT & RECOVERY, INC.**

Case number (if known) \_\_\_\_\_

**Do multiple creditors have an interest in the same property?**

- No
- Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply

- Contingent
- Unliquidated
- Disputed

**2.1  
3 WELLS FARGO EQUIPMENT FINANCE INC.**

Creditor's Name

**MAC N9300-100, 600 SOUTH 4TH STREET Minneapolis, MN 55415**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an interest in the same property?**

- No
- Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply

- Contingent
- Unliquidated
- Disputed

Describe debtor's property that is subject to a lien

**2011 HINO FLATBEED TRUCK  
VIN: 5PVNJ8JN7B4S50584**

**\$45,000.00**

**\$45,000.00**

Describe the lien

**TITLE LIEN**

Is the creditor an insider or related party?

- No
- Yes

Is anyone else liable on this claim?

- No
- Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**2.1  
4 ZIPS TRUCK EQUIPMENT INC**

Creditor's Name

**FINANCE DEPARTMENT  
316 W MILWAUKEE ST PO BOX 426  
New Hampton, IA 50659**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an interest in the same property?**

- No
- Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**2012 DODGE RAM 5500  
VIN: 3C7WDMDL5CG229254**

**\$38,480.00**

**\$45,000.00**

Describe the lien

**LEASE AGREEMENT**

Is the creditor an insider or related party?

- No
- Yes

Is anyone else liable on this claim?

- No
- Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

- Contingent
- Unliquidated
- Disputed

**2.1  
5 ZIPS TRUCK EQUIPMENT INC**

Describe debtor's property that is subject to a lien

**\$52,416.00**

**\$65,000.00**

Debtor

**CAPTAIN TRANSPORT & RECOVERY, INC.**

Case number (if known)

Creditor's Name

**FINANCE DEPARTMENT  
316 W MILWAUKEE ST PO  
BOX 426  
New Hampton, IA 50659**

Creditor's mailing address

**2016 DODGE 5500 TRUCK  
VIN: 3C7WRMDL3GG325536**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an interest in the same property?**

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

**Describe the lien**

**LEASE AGREEMENT**

**Is the creditor an insider or related party?**

No  
 Yes

**Is anyone else liable on this claim?**

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$1,563,811.00**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Fill in this information to identify the case:**

Debtor name **CAPTAIN TRANSPORT & RECOVERY, INC.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY OFFICE PO BOX 7346 Philadelphia, PA 19101-7346</b> Date or dates debt was incurred	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>PRIORITY TAXES</b>	\$75,070.00      \$75,070.00
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address <b>MINNESOTA DEPT OF REV 551 BANKRUPTCY SECTION 600 N ROBERT ST PO BOX 64447 Saint Paul, MN 55101</b> Date or dates debt was incurred	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>PRIORITY TAXES</b>	\$82,500.00      \$82,500.00
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

**Amount of claim**

Debtor

**CAPTAIN TRANSPORT & RECOVERY, INC.**

Case number (if known)

Name

3.1	Nonpriority creditor's name and mailing address <b>ALERUS FINANCIAL</b> PO BOX 64535 Saint Paul, MN 55164	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$20,000.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>UNSECURED (ESTIMATED)</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address <b>ALLEN MAXWELL AND SILVER</b> PO BOX 540 Fair Lawn, NJ 07410	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$0.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>NOTICE</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3	Nonpriority creditor's name and mailing address <b>BARCLAYS BANK DELAWARE</b> PO BOX 8801 Wilmington, DE 19899-8801	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$7,141.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>UNSECURED</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4	Nonpriority creditor's name and mailing address <b>BRAVO FINANCIAL LLC DBA PAWN WORKS</b> 1301 RIVERWOOD DR Burnsville, MN 55337	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$15,000.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>UNSECURED (UNPERFECTED LIEN)</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.5	Nonpriority creditor's name and mailing address <b>BUSINESS CAPITAL LLC</b> 2 RECTOR STREET New York, NY 10006	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>POSSIBLE CLAIM</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Nonpriority creditor's name and mailing address <b>CAPITAL ONE</b> BANKRUPTCY DEPARTMENT PO BOX 30275 Salt Lake City, UT 84130-0275	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$763.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>UNSECURED</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7	Nonpriority creditor's name and mailing address <b>CAPITAL ONE</b> BANKRUPTCY DEPARTMENT PO BOX 30275 Salt Lake City, UT 84130-0275	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$939.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>UNSECURED</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>CAPTAIN TRANSPORT &amp; RECOVERY, INC.</b>	Case number (if known)	
Name			
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>CHASE</b> <b>PO BOX 15298</b> <b>Wilmington, DE 19850</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,872.00</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>CITI CARDS</b> <b>PO BOX 6286</b> <b>Sioux Falls, SD 57117</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,780.00</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>COMENITY BANK</b> <b>BANKRUPTCY DEPARTMENT</b> <b>PO BOX 182125</b> <b>Columbus, OH 43218-2125</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,000.00</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>COMMERCIAL COLLECTORS, INC</b> <b>PO BOX 337</b> <b>Montrose, MN 55363</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>COLLECTIONS (SFM)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>DAVID SCHIMELPFE</b> <b>12808 NICOLLET AVE UNIT 3</b> <b>Burnsville, MN 55337</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>ENERGY SOLUTIONS PARTNERS LLC</b> <b>PO BOX 612</b> <b>Tomah, WI 54660</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$52,350.00</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>FORWARD FINANCING</b> <b>36 BROMFIELD ST 2ND FLOOR</b> <b>Boston, MA 02108</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>UNSECURED</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,783.00</b>

Debtor

**CAPTAIN TRANSPORT & RECOVERY, INC.**

Case number (if known)

Name

3.15	Nonpriority creditor's name and mailing address <b>HAMMELL AND MURPHY PLLP</b> <b>110 EAST MAIN ST PO BOX 149</b> <b>Caledonia, MN 55921</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$0.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>NOTICE (ENERGY SOLUTION PARTNERS LLC)</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address <b>MINNESOTA DEED HEADQUARTERS</b> <b>ATTN: UNEMPLOYMENT DEPT</b> <b>332 MINNESOTA ST STE E200</b> <b>Saint Paul, MN 55101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$0.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>NOTICE</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.17	Nonpriority creditor's name and mailing address <b>PREFERRED INSURANCE SERVICES INC</b> <b>1306 W COUNTY RD F</b> <b>ARDEN HILLS, MN 55112</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>UNSECURED</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	Nonpriority creditor's name and mailing address <b>SANFORD, PIERSON, THONE &amp; STREAN, PLC</b> <b>1905 EAST WAYZATA BLVD STE 220</b> <b>Wayzata, MN 55391</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$0.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>NOTICE</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19	Nonpriority creditor's name and mailing address <b>SFM</b> <b>PO BOX 583178</b> <b>Minneapolis, MN 55458-3178</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$21,507.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>UNSECURED (WORK COMP AUDIT)</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address <b>SYNCHRONY BANK</b> <b>170 W ELECTION RD STE 125</b> <b>Draper, UT 84020</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$9,000.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>UNSECURED</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.21	Nonpriority creditor's name and mailing address <b>THOMSON REUTERS</b> <b>610 OPPERMANN DRIVE</b> <b>Saint Paul, MN 55123</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$0.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		<b>Basis for the claim: <u>NOTICE</u></b>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

**CAPTAIN TRANSPORT & RECOVERY, INC.**

Case number (if known)

3.22	Nonpriority creditor's name and mailing address <b>US ATTORNEY</b> <b>600 US COURTHOUSE</b> <b>300 S FOURTH ST</b> <b>Minneapolis, MN 55415</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$0.00</b>
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	<b>Basis for the claim: NOTICE</b>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.23	Nonpriority creditor's name and mailing address <b>WEX BANK</b> <b>PO BOX 639</b> <b>Portland, ME 04104</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$11,006.24</b>
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	<b>Basis for the claim: UNSECURED</b>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

#### Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

#### Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

Total of claim amounts		
5a.	\$	<b>157,570.00</b>
5b.	+	<b>161,141.24</b>
5c.	\$	<b>318,711.24</b>

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name **CAPTAIN TRANSPORT & RECOVERY, INC.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

**12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

**LEASE OF GASOLINE TANK - SURRENDER**

State the term remaining **24 MONTHS**

List the contract number of any government contract \_\_\_\_\_

**ENERGY SOLUTIONS PARTNERS LLC  
PO BOX 612  
Tomah, WI 54660**

2.2. State what the contract or lease is for and the nature of the debtor's interest

**2012 DODGE RAM 5500  
WITH CENTURY  
CARRIER**

State the term remaining **34 MONTHS**

List the contract number of any government contract \_\_\_\_\_

**ZIPS TRUCK EQUIPMENT INC  
FINANCE DEPARTMENT  
316 W MILWAUKEE ST PO BOX 426  
New Hampton, IA 50659**

Fill in this information to identify the case:

Debtor name **CAPTAIN TRANSPORT & RECOVERY, INC.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

### 1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1		Street _____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ Zip Code _____		
2.2		Street _____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ Zip Code _____		
2.3		Street _____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ Zip Code _____		
2.4		Street _____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ Zip Code _____		

Fill in this information to identify the case:

Debtor name **CAPTAIN TRANSPORT & RECOVERY, INC.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

#### Part 1: Income

##### 1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:  
From 1/01/2017 to Filing Date

Operating a business

\$386,369.00

Other **GROSS REVENUE**

For prior year:  
From 1/01/2016 to 12/31/2016

Operating a business

\$925,880.00

Other **GROSS REVENUE**

For year before that:  
From 1/01/2015 to 12/31/2015

Operating a business

\$883,637.00

Other **GROSS REVENUE**

##### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source  
(before deductions and exclusions)

#### Part 2: List Certain Transfers Made Before Filing for Bankruptcy

##### 3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer  
Check all that apply

##### 4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount

may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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#### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
ALERUS FINANCIAL PO BOX 64535 Saint Paul, MN 55164	2013 SUN COUNTRY AUTO HAULER TRAILER AND 2013 KAUFMAN MODEL C TRAILER	SEPTEMBER 20, 2017	\$40,000.00

#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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#### Part 3: Legal Actions or Assignments

#### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

#### Part 4: Certain Gifts and Charitable Contributions

#### 9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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#### Part 5: Certain Losses

#### 10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. LAMEY LAW FIRM, P.A. 980 INWOOD AVE N OAKDALE, MN 55128-7094	Attorney Fees and Filing Fee	September 12, 2017	\$10,000.00

Email or website address  
[JLAMEY@LAMEYLAW.COM](mailto:JLAMEY@LAMEYLAW.COM)

Who made the payment, if not debtor?  
Paid from Owner's Personal Account (Gift From Family)

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
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**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.  
 Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

No.  
 Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

No. Go to Part 10.  
 Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No.  
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

No.  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

No.  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
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**Name and address****Date of service  
From-To****LAST 2+ YEARS**

26a.1. **APPLE TAX AND ACCOUNTING SRV  
13094 DANUBE LN  
Rosemount, MN 55068**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

**Name and address****If any books of account and records are unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of inventory**

**The dollar amount and basis (cost, market, or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

<b>Name</b>	<b>Address</b>	<b>Position and nature of any interest</b>	<b>% of interest, if any</b>
KAYIHAN SERAN	6297 UPPER 179TH ST W Lakeville, MN 55044	PRESIDENT AND CEO	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No  
 Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No  
 Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

#### Part 14: Signature and Declaration

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 9, 2017

/s/ KAYIHAN SERAN

Signature of individual signing on behalf of the debtor

KAYIHAN SERAN

Printed name

Position or relationship to debtor PRESIDENT AND CEO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No  
 Yes

**United States Bankruptcy Court  
District of Minnesota**

In re **CAPTAIN TRANSPORT & RECOVERY, INC.**

Debtor(s)

Case No.  
Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal Services, I have agreed to accept .....	\$ <b>Hourly</b>
Prior to the filing of this statement I have received .....	\$ <b>10,000.00</b>
Balance Due .....	\$ <b>TBD</b>

2. The source of the compensation paid to me was:

Debtor       Other (specify) **Gift from Family**

3. The source of the compensation to be paid to me is:

Debtor       Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

B. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

D. Representation of the debtor in contested bankruptcy matters; and

E. Other services reasonably necessary to represent the debtor(s).

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

**CERTIFICATION**

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: October 9, 2017

Signature of Attorney

/s/ JOHN D. LAMEY III

**JOHN D. LAMEY III 0312009**

**United States Bankruptcy Court  
District of Minnesota**

In re CAPTAIN TRANSPORT & RECOVERY, INC.

Debtor(s)

Case No.

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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**-NONE-**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **PRESIDENT AND CEO** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date October 9, 2017

Signature /s/ KAYIHAN SERAN  
KAYIHAN SERAN

*Penalty for making a false statement of concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
District of Minnesota**

In re CAPTAIN TRANSPORT & RECOVERY, INC. \_\_\_\_\_ Case No. \_\_\_\_\_  
Debtor(s) Chapter 11 \_\_\_\_\_

**VERIFICATION OF CREDITOR MATRIX**

I, the PRESIDENT AND CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: October 9, 2017

/s/ KAYIHAN SERAN  
**KAYIHAN SERAN/PRESIDENT AND CEO**  
Signer>Title

ADELMAN PROPERTIES 2 LLC  
8640 HARRIET AVE S  
BLOOMINGTON MN 55420

ALERUS FINANCIAL  
PO BOX 64535  
SAINT PAUL MN 55164

ALLEN MAXWELL AND SILVER  
PO BOX 540  
FAIR LAWN NJ 07410

BARCLAYS BANK DELAWARE  
PO BOX 8801  
WILMINGTON DE 19899-8801

BRAVO FINANCIAL LLC DBA PAWN WORKS  
1301 RIVERWOOD DR  
BURNSVILLE MN 55337

BUSINESS CAPITAL LLC  
2 RECTOR STREET  
NEW YORK NY 10006

CAPITAL ONE  
BANKRUPTCY DEPARTMENT  
PO BOX 30275  
SALT LAKE CITY UT 84130-0275

CHASE  
PO BOX 15298  
WILMINGTON DE 19850

CITI CARDS  
PO BOX 6286  
SIOUX FALLS SD 57117

COMENITY BANK  
BANKRUPTCY DEPARTMENT  
PO BOX 182125  
COLUMBUS OH 43218-2125

COMMERCIAL COLLECTORS, INC  
PO BOX 337  
MONTROSE MN 55363

DAKOTA COUNTY FINANCIAL SERVICES  
1590 WEST HIGHWAY 55  
HASTINGS MN 55033-2372

DAVID SCHIMELPFE  
12808 NICOLLET AVE UNIT 3  
BURNSVILLE MN 55337

DELL BUSINESS CREDIT  
PO BOX 81577  
AUSTIN TX 78708-1577

ENERGY SOLUTIONS PARTNERS LLC  
PO BOX 612  
TOMAH WI 54660

FORWARD FINANCING  
36 BROMFIELD ST 2ND FLOOR  
BOSTON MA 02108

FOX CAPITAL GROUP  
140 BROADWAY 46TH FLOOR  
NEW YORK NY 10005

HAMMELL AND MURPHY PLLP  
110 EAST MAIN ST PO BOX 149  
CALEDONIA MN 55921

INTERNAL REVENUE SERVICE  
CENTRALIZED INSOLVENCY OFFICE  
PO BOX 7346  
PHILADELPHIA PA 19101-7346

ITRIA VENTURES LLC  
462 SEVENTH AVE, 20TH FLOOR  
NEW YORK NY 10018

MINNESOTA DEED HEADQUARTERS  
ATTN: UNEMPLOYMENT DEPT  
332 MINNESOTA ST STE E200  
SAINT PAUL MN 55101

MINNESOTA DEPT OF REV  
551 BANKRUPTCY SECTION  
600 N ROBERT ST PO BOX 64447  
SAINT PAUL MN 55101

PREFERRED INSURANCE SERVICES INC  
1306 W COUNTY RD F  
ARDEN HILLS MN 55112

SANFORD, PIERSON, THONE & STREAN, PLC  
1905 EAST WAYZATA BLVD STE 220  
WAYZATA MN 55391

SFM  
PO BOX 583178  
MINNEAPOLIS MN 55458-3178

SYNCHRONY BANK  
170 W ELECTION RD STE 125  
DRAPER UT 84020

THOMSON REUTERS  
610 OPPERMANN DRIVE  
SAINT PAUL MN 55123

US ATTORNEY  
600 US COURTHOUSE  
300 S FOURTH ST  
MINNEAPOLIS MN 55415

WELLS FARGO BANK  
BUSINESS DIRECT DIVISION  
PO BOX 29482  
PHOENIX AZ 85038-9482

WELLS FARGO EQUIPMENT FINANCE INC.  
MAC N9300-100, 600 SOUTH 4TH STREET  
MINNEAPOLIS MN 55415

WEX BANK  
PO BOX 639  
PORTLAND ME 04104

ZIPS TRUCK EQUIPMENT INC  
FINANCE DEPARTMENT  
316 W MILWAUKEE ST PO BOX 426  
NEW HAMPTON IA 50659

**United States Bankruptcy Court  
District of Minnesota**

In re **CAPTAIN TRANSPORT & RECOVERY, INC.**

Debtor(s)

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Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for CAPTAIN TRANSPORT & RECOVERY, INC. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

**October 9, 2017**

Date

**/s/ JOHN D. LAMEY III**

**JOHN D. LAMEY III 0312009**

Signature of Attorney or Litigant

Counsel for **CAPTAIN TRANSPORT & RECOVERY, INC.**

**LAMEY LAW FIRM, P.A.**

**980 INWOOD AVE N**

**OAKDALE, MN 55128-7094**

**651.209.3550 Fax:651.789.2179**

**JLAMEY@LAMEYLAW.COM**